

# 259 CMR 5.00: Physical Therapists

By the [Division of Professional Licensure](#)

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- 5.01: [Definitions](#)
  - 5.02: [Use of Supportive Personnel](#)
  - 5.03: [Assessment and Documentation of Physical Therapy Treatment Program](#)
  - ~~5.04: [Co signing of Documentation](#)~~[Designations](#)
  - 5.05: [Code of Ethics](#)
  - ~~5.06: [Designations](#)~~
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## 5.01: Definitions

**Accredited Educational Program.** A program meeting the current requirements of the Commission on Accreditation in Physical Therapy Education (CAPTE).

**APTA.** American Physical Therapy Association.

**Examination.** The examination for licensure currently approved by the Federation of State Boards of Physical Therapy and accepted by the Board.

**Physical Therapy Aide.** A person not licensed in physical therapy who works under the direct supervision of a physical therapist or physical therapist assistant. This individual may also be known as a rehabilitation aide or some other similar title.

[Top](#)

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## 5.02 Use of Supportive Personnel

(1) Responsibility for Supportive Personnel. Primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist.

(2) Supervision of Physical Therapist Assistants and Physical Therapy Aides. Supervision of physical therapist assistants and physical therapy aides requires, at a minimum, that a supervising physical therapist perform the following:

- (a) interpret available information concerning the individual under care;
- (b) provide initial evaluation;
- (c) develop plan of care, including long and short term goals;
- (d) identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation;
- (e) select and delegate appropriate tasks in the plan of care;
- (f) designate or establish channels of written and oral communication;
- (g) assess competence of supportive personnel to perform assigned tasks;
- (h) direct and supervise supportive personnel in delegated tasks; and
- (i) re-evaluate, adjust plan of care when necessary, perform final evaluation and establish follow-up plan.

(3) Supervision by Physical Therapists.

(a) Physical therapists must exercise their professional ~~judgement~~judgment when determining the number of supportive personnel they can safely and effectively supervise to ensure that quality care is provided at all times.

(b) Licensed physical therapy personnel must provide adequate staff to patient ratio at all times to ensure the provision of safe, quality care.

(c) A physical therapist must provide supervision to physical therapist assistants.

(d) A physical therapist must provide direct supervision to the following persons rendering physical services:

1. physical therapist students;
2. physical therapist assistant students; and
3. physical therapy aides, rehabilitation aides, or persons known by other similar titles.

(4) Performance of Services by Physical Therapist Assistants.

(a) Physical therapist assistants may not initiate or alter a treatment program without prior evaluation by and approval by the supervising physical therapist.

(b) Physical therapist assistants may, with prior approval by the supervising physical therapist, adjust a specific treatment procedure in accordance with changes in patient status.

(c) Physical therapist assistants may not interpret data beyond the scope of their physical therapists assistant education.

(d) Physical therapist assistants may respond to inquiries regarding patient status to appropriate parties within the protocol established by the supervising physical therapist.

(e) Physical therapist assistants shall refer inquiries regarding patient prognosis to a supervising physical therapist.

(5) Supervision by Physical Therapist Assistants.

(a) Physical therapist assistants must exercise their professional ~~judgement~~judgment when determining the number of supportive personnel they can safely and effectively supervise to ensure that quality care is provided at all times.

(b) A physical therapist assistant must provide direct supervision to the following persons rendering physical therapy services:

1. physical therapist assistant students;
2. physical therapy aides, rehabilitation aides or persons known by other similar titles.

(6) Performance of Services by Physical Therapy Aides. Activities which may be performed by physical therapy aides under appropriate supervision are restricted to:

(a) follow-up of functional and ambulation activities;

(b) follow-up of routine specific exercises;

(c) application of superficial heat and cold; and

(d) non-treatment related activities such as secretarial and housekeeping, transporting patients and preparation for treatment. These activities may be performed under the supervision of a physical therapist or physical therapist assistant.

Note: A physical therapist or physical therapist assistant must provide direct supervision to a physical therapy aide performing activities listed in 259 CMR 5.02(6)(a), (b) and (c).

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### 5.03: Assessment and Documentation of Physical Therapy Treatment Program

(1) A physical therapist shall document, date, and authenticate the patient's clinical examination, evaluation, diagnosis, prognosis, progress, and any clinical assessment of the patient's condition which results in an alteration in the patient's plan of care.

(2) This documentation ~~will~~shall be contained in the patient's ongoing treatment notes or in a formal review of the plan of care (or reevaluation). If by formal review of the plan of care (or reevaluation), it must be completed in the particular work setting by a physical therapist of record within the following timeframes:

A. Acute care: at least every seven to ten days.

B. Outpatient, rehabilitation, home health, skilled nursing facility: at least every 30 days.

C. Long term chronic care facility and educational school setting: at least every 90 days.

(3) When care is rendered by a physical therapist assistant or physical therapist assistant student, the documentation shall be contained in the patient's ongoing treatment note.

(4) A physical therapist, physical therapist student, physical therapist assistant and physical therapist assistant student providing physical therapy intervention(s) shall legibly document, date, and authenticate all care that is provided:

(a) Using their name as appearing on their professional license or legal name if a student;

(b) ~~Professional designation as outlined in 259 CMR 5.04~~Their license number if applicable; and

(c) ~~Their license number if applicable~~ ~~Professional designation as outlined in 259 CMR 5.04.~~

(5) The supervising physical therapist shall co-sign all documentation provided by physical therapy students.

(6) The supervising physical therapist or physical therapist assistant shall co-sign all documentation provided by physical therapist assistant students.

(7) Physical therapist assistants are not required to have their documentation co-signed; however, physical therapist students and physical therapist assistant students must have their notes co-signed by their Clinical Instructor (CI).

(8) Persons practicing pursuant to G. L. c. 112, § 23C shall have their documentation co-signed by their directing licensee.

(9) Each visit or patient encounter must be documented, including at a minimum:

(a) Current patient status and self-reporting;

(b) Change of status as related to the plan of care, if applicable;:-

(c) Communication or consultations regarding patient plan of care, if applicable;:-

(d) Adverse reactions to interventions, if applicable;:-

(e) Identification of specific interventions provided (type, amount, frequency, intensity, and duration) as appropriate;:-

(f) Factors that modify intensity or frequency of interventions;:-

(g) Progress on goals with the plan of care, if applicable;:-

(h) Equipment provided, if applicable; and

(i) Other pertinent information.

(10) Billing, as a form of documentation, must accurately reflect the documented treatment interventions.

~~A physical therapist shall assess and document patient status and any change in the program being provided by a physical therapist assistant on a timely basis. Timely assessment is determined by the particular work setting as follows:~~

~~(a) acute care: at least every seven to ten days;~~

~~(b) outpatient, rehabilitation, home health, skilled nursing facility: at least every 30 days; and~~

~~(c) long term chronic care facility and schools: at least every 60 days.~~

[Top](#)

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**5.04 Designations**

(1) Physical therapists shall use the initials PT immediately after their name.

(2) Physical ~~t~~Therapist ~~s~~Students shall use the initials PT/s immediately after their name.

(3) Physical therapist assistants shall use the initials PTA immediately after their name.

(4) Physical ~~t~~Therapist ~~a~~Assistant ~~s~~Students shall use the initials PTA/s immediately after their name.

(5) Physical therapist~~y~~ or physical therapist~~y~~ assistant applicants practicing under the direction of a licensee pursuant to G. L. c. 112, § 23C shall use the initials PT/c or PTA/c immediately after their name.

**~~5.04: Co-signing of Documentation~~**

~~(1) (a) The supervising physical therapist must co-sign the documentation of physical therapist students.~~

~~(b) The supervising physical therapist or physical therapist assistant must co-sign the documentation of physical therapist assistant students, and physical therapy aides, rehabilitation aides and persons known by other similar titles.~~

~~(2) Physical therapist assistants are not required to have their documentation co-signed.~~

~~(3) Physical therapy aides, rehabilitation aides, or persons known by other similar titles may not make entries in a patient's record regarding the patient's status. Information describing impairments (such as ROM, strength, cognition, balance, etc) and function, as well as subjective information (such as patient responses to treatment, report of symptoms and psychological status), is considered to be patient status information which may not be entered in a patient record by aides and persons known by similar titles. Objective information, such as the number~~

~~of repetitions performed, may be entered on log and flow sheet type documents by aides and such other persons. Entries of objective information by aides and such other persons must be co-signed by the supervising physical therapist or physical therapist assistant, in accordance with the requirements of 259 CMR.~~

[Top](#)

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## 5.05: Code of Ethics

(1) Code of Ethics. The Code of Ethics, Guide for Professional Conduct and Standards of Physical Therapy Services and Physical Therapy Practitioners of the APTA, in their most recently updated formats, are adopted as the ethical standards of practice for persons holding a license to practice physical therapy.

(a) As provided in the Code of Ethics, when a referral relationship exists, the physical therapist will provide ongoing communication with the licensed referring practitioner regarding changes in plans of care, treatment programs, and termination of services.

(b) When there is no practitioner referral, the physical therapist must refer to a licensed practitioner of medicine, dentistry, or podiatry if symptoms are present of which physical therapy is contraindicated or which symptoms are indicative of conditions for which treatment is outside the scope of practice of the physical therapist.

(2) Disclosure. If a physical therapist is involved in an arrangement with a referring source in which the referring source derives income from the physical therapy service, the physical therapist has an obligation to disclose to the patient that the referring source derives income from the provision of the physical therapy service (M.G.L. c. 112 § 23P1/2).

(3) Ownership Interest and Referrals.

(a) A physical therapist involved in the private practice of physical therapy to whom a patient is referred by a person licensed or registered under M.G.L.c.112 who derives income directly or indirectly from the physical therapy services shall file with the Board not later than January 31 of each even numbered year the following:

1. A copy of the "Notice of Ownership Interest" containing the names of all persons maintaining an ownership interest in such practice, which notice is required to be posted in a conspicuous space in the office of the physical therapist. (M.G.L.c.112§23P1/2)
2. A report of the number of referrals to such practice during the previous 24 month period by each person licensed under M.G.L.c.112 who has an ownership in such practice.

(b) Ownership interest shall mean any and all ownership interest including, but not limited to any membership, proprietary interest, stock interest, partnership interest, co-ownership in any form or any profit sharing arrangement. (M.G.L.c.112§23P1/2)

(4) Division of Fees. Physical therapists may not directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee or to profit by means of a credit of other valuable consideration such as an unearned commission, discount or gratuity in connection with the furnishing of physical therapy services.

[Top](#)

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## **5.06: Designations**

~~(1) A physical therapist shall use the initials PT after his name.~~

~~(2) A student currently enrolled in an accredited program in physical therapy shall use the initials PT/s after his name.~~

~~(3) A physical therapist assistant shall use the initials PTA after her name.~~

~~(4) A student currently enrolled in an accredited physical therapy assistant program shall use the initials PTA/s after her name.~~

[Top](#)

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## **REGULATORY AUTHORITY**

259 CMR 5.00: M.G.L. c. 112, § ~~23A~~23M.